

PLEASE READ THIS FORM CAREFULLY AND NOTE THAT YOU ARE MAKING THE FOLLOWING STATEMENTS UNDER OATH:

**PROOF OF CLAIM**  
AGAINST

**SENTINEL TRUST COMPANY**

BEFORE ME, the undersigned Notary Public, appeared the person whose name is subscribed hereto, who states under oath that, after deducting all offsets and counterclaims the above entity is indebted to her/him as follows:

(Receiver's Use Only)

Claimant Name \_\_\_\_\_ Claim No. \_\_\_\_\_  
(Party who is executing this claim and to whom payment should be made)

Claimant Address \_\_\_\_\_  
(Street or Box Number) (City) (State) (Zip)

Contact Number \_\_\_\_\_ E-Mail \_\_\_\_\_ Tax ID# \_\_\_\_\_  
(Required)

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**To the extent that the claim relates to a particular bond issue, that information is as follows:**

Bond Issue Name: \_\_\_\_\_ Cert.# \_\_\_\_\_ CUSIP# \_\_\_\_\_  
(Series No.)

Type of Claim: \_\_\_\_\_ Bond Issuer \_\_\_\_\_ Bondholder \_\_\_\_\_ Other

Amount of Claim: \_\_\_\_\_ Interest \_\_\_\_\_ Principal \_\_\_\_\_ Other

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**If filing a claim other than which relates to a specific bond issue (i.e. employee or vendor), please state the following:**

Nature of Claim: \_\_\_\_\_ Amount: \_\_\_\_\_

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**Please attach all supporting documentation for any claim.**

That the above is TRUE & CORRECT, justly owed, and no part of the amount claimed has been paid by Sentinel Trust Company, or any other source. Should monies from any other source be disbursed, I will contact the Receiver and report the amount.

\_\_\_\_\_  
Claimant Signature

SUBSCRIBED AND SWORN BEFORE ME, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
NOTARY NAME TYPED/PRINTED

My Commission Expires: \_\_\_\_\_

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**ALL CLAIMS MUST BE PRESENTED AT THIS ADDRESS ON OR BEFORE July 31, 2005 4:30PM CST**

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Receivership Management, Inc. P. O. Box 2307 Brentwood, TN 37024 or 215 Centerview Dr. , Suite 133 Brentwood, TN 37027 (615) 370-0051 (Filings by Fax are not accepted)